Atty. Dkt. No. 310473-1600



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Guy Michael MILLER et al.

Title:

METHODS FOR THE PREVENTION AND TREATMENT OF NON-CARDIOVASCULAR

TISSUE ISCHEMIA USING GAMMA-TOCOPHEROL AND METABOLITES

THEREOF

Appl. No.:

10/017,717

Appl. Filing Date:

12/14/2001

Examiner:

P. Spivack

Art Unit:

1614

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. EV 577 777 761 US (Express Mail Label Number) (Printed Nam (Signature)

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

02/01/2005 ANABI1 00000086 10017717



a. Previously submitted:

b. Enclosed are:

- [X] Amendment/Reply (18 pgs.);
- [X] Supplemental Information Disclosure Statement (2 pgs.);
- [X] Form PTO-1449 with 3 listed references (1 pg.);

The filing fee is calculated below:

	Claims as Amended		Previously Paid For	Extra Claims Present		Rate		Fee Totals
RCE Fee 1.17(e):						\$790.00	=	\$790.00
Total Claims:	32	-	97	=0	X	\$50.00	=	\$0.00
Independents	4	-	8	=0	X	\$200.00	=	\$0.00
First p	resentation o	of an	y Multiple [Dependent Claims:	+	\$360.00	=	\$0.00
				CLAIMS	FEI	E TOTAL:	=	\$790.00

[] Extension for response filed within the second month: \$450.00	\$0.00
5.1 E 4 1 C 20 C 21 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
[] Extension for response filed within the third month: \$1,020.00	\$0.00
EXTENSION FEE SUBTOTAL:	\$0.00
CLAIMS AND EXTENSION FEE TOTAL:	\$790.00
[X] Small Entity Fees Apply (subtract ½ of above):	\$395.00
[] Suspension of action requested under 37 C.F.R. § 1.103(c)	\$0.00
TOTAL FEE:	395.00

- [X] Check No. 1101 in the amount of 0 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Jan. 26,2005

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